

Public Service Commission of South Carolina
101 Executive Center Dr., Suite 100
Columbia, SC 29210



239081
2nd letter

Phone: 803-896-5100
Fax: 803-896-5199
www.psc.sc.gov

Complaint Form

Print

Date: Sept. 11, 2012

Complainant or Legal Representative Information:

* Required Fields

Name * Helen C. Luciano
Firm (if applicable) N/A
Mailing Address * 12030 Spinnaker Dr.
City, State Zip * Tega Cay, SC 29708 Phone * (803)-396-8882
E-mail * luciano@comporium.net

Name of Utility Involved in Complaint: *

NOTE: If AT&T is the utility involved, please complete the attachment located at the end of this form.

Type of Complaint (check appropriate box below.) *

- ☒ Billing Error/Adjustments ☐ Deposits and Credit Establishment ☐ Wrong Rate ☐ Refusal to Connect Service
☐ Disconnection of Service ☐ Payment Arrangements ☐ Water Quality ☐ Line Extension Issue
☐ Service Issue ☐ Meter Issue
☒ Other (be specific) Tega Cay Water Service, Inc. request for a rate increase.

Have you contacted the Office of Regulatory Staff (ORS)? * ☐ Yes ☒ No

Name of
ORS Contact: _____

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

- ① Tega Cay Water Service is requesting a rate increase of 43.87%!
- ② A "black gunky" substance continually appears in our water faucets.
- ③ We are in need of additional fire hydrants in several sections of Tega Cay; some of our hydrants are inoperable.
- ④ I pay by having TCWS directly debit my checking account. On two (2) occasions I have been sent dunning letters threatening me with late payment fees and/or disconnection.

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

Denial of any and all proposed rate increases.

STATE OF SOUTH CAROLINA)

VERIFICATION

COUNTY OF York)

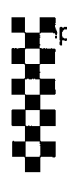
I, Helen C. Luciano Verify that I have read my complaint filed on 9-11-12
Complainant's Name * Date *

and know the contents thereof, and that said contents are true.

Helen C. Luciano
Complainant's Signature *

Internal Use Only

Processed By	Date
H.E.	



**PAGE 1 of 2 including this cover sheet
FAX TRANSMITTAL SHEET**

/ FROM: Frank and Helen Luciano

DATE: September 10, 2012

FAX NUMBER 803-396-8882

Please call 803-396-8882, if all pages are not received.

**TO: Public Service Commission of South Carolina
1011 Executive Center Drive Suite 100
Col8mbia, SC 29210**

FAX: 803-896-5199

**SUBJ: Your Docket Number 2012-177-WS
Complaint Form**

TEXT: Please see attached completed Complaint Form.

**Thanks for your help
Frank and Helen Luciano**